



February 27, 2020

Testimony in support of SB-188, "AN ACT ESTABLISHING THE HEALTHY HOUSING ASSISTANCE PILOT PROGRAM"

There is national consensus that efforts to enhance the health and wellbeing of individuals is best accomplished through integrated, multi-sector interventions that address the social drivers of health risks, illness and health disparities. A proven example is the positive results of such programs is the three-decade old federal "Moving to Opportunity" (MTO) experiment¹. This program demonstrated that when families move to better neighborhoods, not just better homes, using Section-8 vouchers, children grow healthier, perform better in school, are less likely to become obese and can be spared the life-long sequelae of childhood trauma from violence.

One of the most prevalent and limiting conditions in children is asthma. There are no medical regimens that alone will reduce the frequency and severity of a child's asthma exacerbations in the absence of environmental controls. Environmental interventions such a reduction in asthma triggers inside homes such as cigarette smoke and mold are helpful but other factors that permeate the entire neighborhood such as air pollutants, rodent infestation and psychological stresses from neighborhood violence can readily negate the best "medical" interventions. Programs like the MTO are generally known as "clinical-community integration (CCI)". SB-188 is a perfect example of a two-sector public health and housing CCI. Giving opportunities to fifty families with one or more child with asthma to relocate to better neighborhoods by providing rent assistance vouchers and simultaneously connecting them with a stable source of ongoing medical care, those children stand the best opportunity to grow healthier.

This is not an experiment. The proof of its multi-dimensional health benefits has been proven. This pilot is a CT adaptation and implementation of a program we know works. While the focus of the pilot will be children's health, we are optimistic that this bill will also create an opportunity to measure their impact on healthcare expenditures. Other studies have demonstrated medical costs savings from reduced emergency room utilization, hospital

¹ <https://scholar.harvard.edu/hendren/publications/effects-exposure-better-neighborhoods-children-new-evidence-moving-opportunity>

admissions, etc. Depending on the availability to complementary funding other likely health benefits on other members of the family could be measured.

Lastly, the UConn's Health Disparities Institute strongly supports this bill because it addresses a root cause of healthcare disparities. Connecticut is one of the only states that has made reducing healthcare disparities a top priority. SB-188 is precisely the kind of investment needed to honor that commitment.

Thank you for the opportunity to testify.

Respectfully yours,

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Health Disparities Institute